



DEPARTMENT OF HEALTH
Philippine Registry For Persons with Disabilities Version 4.0
Application Form

1. <input type="radio"/> NEW APPLICANT			<input type="radio"/> RENEWAL *			<input type="radio"/> LOST			Place 1"x1" Photo Here														
2. PERSONS WITH DISABILITY NUMBER (RR-PPMM-BBB-NNNNNNN) *						3. Date Applied *(mm/dd/yyyy)																	
4. PERSONAL INFORMATION *																							
LAST NAME: *				FIRST NAME: *				MIDDLE NAME: *				SUFFIX: *											
5. DATE OF BIRTH: *(mm/dd/yyyy)						6. SEX: *			BLOOD TYPE:														
<input type="radio"/> FEMALE						<input type="radio"/> MALE																	
7. CIVIL STATUS: *																							
<input type="radio"/> Single			<input type="radio"/> Separated			<input type="radio"/> Cohabitation (live-in)			<input type="radio"/> Married			<input type="radio"/> Widow/er											
8. TYPE OF DISABILITY: *						9. CAUSE OF DISABILITY: *																	
<input type="checkbox"/> Deaf or Hard of Hearing		<input type="checkbox"/> Intellectual Disability		<input type="checkbox"/> Learning Disability		<input type="checkbox"/> Mental Disability		<input type="checkbox"/> Physical Disability (Orthopedic)		<input type="checkbox"/> Psychosocial Disability		<input type="checkbox"/> Speech and Language Impairment		<input type="checkbox"/> Visual Disability		<input type="checkbox"/> Cancer (RA11215)		<input type="checkbox"/> Rare Disease (RA10747)					
<input type="checkbox"/> Congenital / Inborn						<input type="checkbox"/> Acquired																	
<input type="checkbox"/> Autism		<input type="checkbox"/> ADHD		<input type="checkbox"/> Cerebral Palsy		<input type="checkbox"/> Down Syndrome		<input type="checkbox"/> Chronic Illness		<input type="checkbox"/> Cerebral Palsy		<input type="checkbox"/> Injury											
10. RESIDENCE ADDRESS:																							
11. CONTACT DETAILS																							
Landline No.:				Mobile No.:				E-mail Address:															
12. EDUCATIONAL ATTAINMENT: *						15 REMARKS APPROVED BY: _____ NAME AND SIGNATURE DATE: _____																	
<input type="radio"/> None		<input type="radio"/> Kindergarten		<input type="radio"/> Elementary								<input type="radio"/> Junior High School		<input type="radio"/> Senior High School		<input type="radio"/> College		<input type="radio"/> Vocational		<input type="radio"/> Post Graduate			
13. STATUS OF EMPLOYMENT: *												13 b. TYPES OF EMPLOYMENT: *											
<input type="radio"/> Employed						<input type="radio"/> Unemployed						<input type="radio"/> Self-employed											
<input type="radio"/> Permanent / Regular						<input type="radio"/> Seasonal						<input type="radio"/> Casual						<input type="radio"/> Emergency					
13 a. CATEGORY OF EMPLOYMENT: *						14. OCCUPATION																	
<input type="radio"/> Government						<input type="radio"/> Private																	
15. IN CASE OF EMERGENCY																							
Contact Person:				Contact Nos.				RELATIONSHIP															
16. ID REFERENCE NO.:																							
SSS NO.:			GSIS NO.:			PAG-IBIG NO.:			PSN NO.:			PhilHealth NO.:											
17. FAMILY BACKGROUND																							
FATHER'S NAME				LAST NAME				FIRST NAME				MIDDLE NAME											
MOTHER'S NAME:																							
GUARDIAN:																							
18. ACCOMPLISHED BY: *				LAST NAME				FIRST NAME				MIDDLE NAME											
<input type="radio"/> APPLICANT																							
<input type="radio"/> GUARDIAN																							
<input type="radio"/> REPRESENTATIVE																							
19. NAME OF CERTIFYING PHYSICIAN:																							
LICENSE NO.:																							
20. PROCESSING OFFICER: *																							
21. APPROVING OFFICER: *																							
22. ENCODER *																							
23. NAME OF REPORTING UNIT: (OFFICE/SECTION) *																							
24. CONTROL NO.: *																							

LIST OF REQUIREMENTS (NEW AND RENEWAL)

- Certificate of Disability (Apparent/Non-Apparent)
- Two "1x1" recent ID pictures with the name, and signature or thumbmark at the back of the picture.
- One valid **Government issued Primary ID with IMUS ADDRESS**
 For children, a photocopy of the Birth Certificate will be required and valid **Government issued Primary ID with IMUS ADDRESS** of parent/guardian.
 For applicant of legal age with no valid government ID, **Voter's Certification** and **Barangay Certificate of Residency** indicating Name, Complete Address and years of residence in the barangay will be required.

For guardian/representative:

- Guardian, proof of guardianship
- Notarized Authorization Letter
- Photocopy of valid **Government issued Primary ID** of authorized representative
- Certificate of Co-habitation

For renewal or revalidation transactions, submission of additional documents below are required:

- Certificate of Disability (Apparent/Non-Apparent)
- Accomplished PWDID-AF (Renewal box checked)
- Expired PWD-IDC
- Affidavit of Loss if PWD-IDC is declared lost.
- In the absence of expired PWD-IDC, two "1x1" recent ID pictures with the name, and signature or thumbmark at the back.



**REPUBLIKA NG PILIPINAS
PAMAHALAANG LUNGSOD NG IMUS**



**CERTIFICATE OF DISABILITY
(FROM APPROPRIATE SPECIALIST)**

This is to certify that _____, resident of _____
(Name of Patient) (Address)

the City of Imus, had voluntarily submitted herself/himself to this facility/clinic/office regarding the nature of his/her disability due to the functional limitations currently experienced by herein patient.

Based on the personal interview and medical assessment conducted by herein physician, the patient has _____, accompanied by _____

(Diagnosis)

(Contributing Signs and Symptoms)

which result to difficulty/impairment in _____ which resulted to

- | | | |
|--|--|---|
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Speech and Language Impairment |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Physical Disability | |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Visual Disability | |
| <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Rare Disease (RA 10747) | |
| <input type="checkbox"/> Psychosocial Disability | <input type="checkbox"/> Cancer (RA 11215) | |

This Certification is issued on _____ at _____ in compliance with the requirement in the issuance of PWD-ID for the benefits and privileges of Persons with Disabilities as mandated by Republic Act Nos. 9442, 10754, 11215, 10747 and related laws.

Signed:

Name and Signature of Physician

License Number: _____

Specialization: _____

Contact Number: _____

Clinic Address: _____

Disability Types according to DOH AO 2013-005B

Deaf/Hard of Hearing	refers to people with hearing loss, implies little or no hearing/ranging from mild to severe. Hearing loss, also known as hearing impairment means the complete or partial loss of the ability to hear from one or both ears with 26 dB or greater hearing threshold, averaged at frequencies' 0.5, 1, 2, 4 kilohertz.
Intellectual Disability	a significantly reduced ability to understand new or complex information and to learn and apply new skills.
Learning Disability	persons who, although normal in sensory, emotional and intellectual abilities, exhibit disorders in perception, listening, thinking, reading, writing, spelling, and arithmetic.
Mental Disability	disability resulting from organic brain syndrome (i.e. Mental Retardation, acquired lesions of the central nervous system).
Physical Disability	is a restriction of participation due to any physical impairment that affects a person's mobility, endurance or stamina in the safe performance of sustained physical activity, dexterity in accomplishing tasks skillfully and quality of life. Causes may be congenital, hereditary or acquired from trauma, infection, surgical, or medical condition and include the following disorders, namely: (1) Connective tissue, musculoskeletal or orthopedic disorders (2) Neurological or neuromuscular disorders (3) Cardiopulmonary disorders.
Psychosocial Disability	any acquired behavioral, cognitive, emotional or social impairment that limits one or more activities necessary to effective interpersonal transactions and other civilizing process or activities to daily living such as but not limited to deviancy or anti-social behavior.
Speech and Language Impairment	mean one or more speech/language disorders of voice, articulation, rhythm and/or the receptive and expressive processes of language.
Visual Disability	a person with visual disability (Impairment) is one who has impairment of visual functioning even after treatment and/or standard refractive correction, and has visual acuity in the better eye of less than (6/18 for low vision and 3/60 for blind), or a visual field of less than 10 degrees from the point of fixation. A certain level of visual impairment is defined as legal blindness. One is legally blind when your best corrected central visual acuity in your better eye is 6/60 or worse or your side vision is 20 degrees or less in the better eye.
Cancer (RA 11215)	refers to a generic term for a large group of diseases that can affect any part of the body. Other terms used are malignant tumors and neoplasms. One defining feature of cancer is the rapid creation of abnormal cells that grow beyond their usual boundaries, and which can then invade adjoining parts of the body and spread to other organs
Rare Disease (RA 10747)	refers to disorders such as inherited metabolic disorder, inborn errors of metabolism and other diseases with rare occurrence as recognized by the DOH and upon recommendation of NIH but excluding catastrophic (i.e., life threatening, seriously debilitating, or serious and chronic) forms of more frequently occurring diseases.

